Sandwell and West Birmingham Hospitals NHS
NHS Trust

DIGITAL MAJOR PROJECTS AUTHORITY COMMITTEE - MINUTES

Venue: Room 13, Education Centre,
Sandwell General Hospital

Date: 25th October 2019, 13:00-14:30

Members:

Ms M Perry	(MT)	Non-Executive Director (Chair)
Mr R Samuda	(RS)	Trust Chairman
Mr T Lewis	(TL)	Chief Executive
Ms R Barlow	(RB)	Chief Operating Officer
Mrs Goodby	(RG)	Director of People & OD
Miss K Dhami	(KD)	Director of Governance
Mr M Sadler	(MS)	Chief Informatics Officer
Ms N Taylor	(NT)	Group Director of Nursing

Apologies:

Mr S Roy	(SR)	Group Director of Surgical Services
Mr M Hoare	(MH)	Non-Executive Director
Ms A Geary	(AG)	Group Director of Operations

Minutes	Reference
1. Introductions	**Verbal**
The Chair welcomed the members to the meeting.	
2. Apologies	**Verbal**
Apologies were received from Mr S Roy, Mr M Hoare and Ms A Geary.	
3. Minutes from the meeting held on 30 August 2019	**DMPA (10/19) 001**
The Committee accepted the minutes of the meeting held on 30 August 2019 as an accurate record.	
4. Matters arising	**DMPA (10/19) 002**

The Committee reviewed the action log and noted the following updates:

- *DMPA (08/19) 003 - Present a monthly contract review progress report to the Committee, as reviewed by the Supplier and Contract Manager.*

  It was agreed that this would be undertaken at CLE digital committee level

- *DMPA (07/19) 000 - Re-present the synchronised time source item to the Change Board and keep the action as a matter arising for a further update at the next Committee.*

  MS noted that he would present the test results to the Committee. TL advised that there would be a short period of Unity down-time on Sunday, 27 October 2019.

- *DMPA (07/19) 005 - Create a governance model to allow transparency around prioritisation of tasks within IT.*

  Ongoing work between MS and TL. TL advised that the item remain on the register until a satisfactory position was achieved.

- *DMPA (07/19) 005 - Create a diagram showing Unity connections and the potential risks surrounding them.*

  MS presented a PowerPoint presentation detailing data flow through iPM (PAS) and Unity along with the inherent risks.   This item was closed.

5. SBAF – Review of all risks and controls	DMPA (10/19) 003

TL advised that there were three *Limited* risks. He expressed confidence that at the next committee meeting that there would be movement to adequate:

SBAF 16 - Unreliable Informatic structure

The Committee had the PTRG report – at the last meeting they had noted that if the PTRG was the agreed way of monitoring, that consideration would be given to moving the assurance of the controls to *Adequate*.

SBAF 17 - Unity (optimisation)

Subject to work over the next week, that there would be live data flowing in support of optimisation. On the controls, not performance, they would meet KDs measures of what was *Limited* and what was *Adequate*.

SBAF 8 - Digital Plan gap

The Digital Plan was prepped to go to the Board, but was not presented to the Committee due to other commitments of priority. Further development was required before moving the assurance score.

RS questioned if there was further commentary around disaster recovery. MP advised that disaster recovery was on the risk register to be discussed later in the agenda.

6. PTRG Plan	DMPA (10/19) 004

MS provided an overview of PTRG:

- PTRG monitors network availability, network traffic and network bandwidth.

- The rationale for the installation of PTRG was the numerous network problems.

- Monitors internally and externally to identify performance.

- Monitors the traffic across the HSCN line and all areas of the Trust.

- PTRG can identify exactly where issues were (i.e. replacement of switches in identified locations).

MS noted section 2 of the Paper, reporting areas and their targets, and invited Committee discussion as to whether they were sufficient:

- External Network availability, target 99.9% (1-day outage every 3 years)
  - To **add** bandwidth – to report against available bandwidth, when above a certain threshold

- External Network availability, target 99% of WAPs working. Each site 99.5% connection
  - To **add** bandwidth – to report against available bandwidth, when above a certain threshold

- Pulse VPN availability, target 99.5% availability
  - MP noted that the individuals would be concerned that they could not connect. It was noted that it was not possible to measure the ability of individuals connecting. **Add** bandwidth version that there were 800 concurrent users so never to go above 770.

- Gold System availability, target 99.5% availability per system
  - The Committee was satisfied with the target.

- IP Telephony, target 99.9% available
  - MS advised that the copper line (backup line) could not be measured, but could measure the IP. There was a desire to move to IP.
  - The Committee was satisfied with the target.
- Page load time, target average load of <3 seconds. 99% within 3 seconds (Not yet configured)
  - MS noted that My Connect was chosen as the base page as it was used to navigate to the clinical systems.
- Certificate and licence availability, target no service loss because of expired certificates.
  - The Committee agreed to **add** the target that no certificates arrives any closer than 14 days from expiry.

MS noted that the items *not yet configured* were expected to be configured by January 2020.

Action: MS to add the Committee identified reporting targets to the PTRG Plan.

7. Digital Risks	DMPA (10/19) 005

MS advised that the Paper was circulated subsequent to the meeting pack.

MS noted that there were two layers of risks consolidated:

1. Informatics risks (raised by Informatics in which they have full control over and can mitigate):
   - Some were SBAF risks.
   - Risks reviewed monthly at senior team meeting.
   - All risks had actions and controls.
   - All closed actions are removed from the log.

2. Risks raised by another department that can be fixed by Informatics:
   - Each risk is assigned a business relationship manager that manages the risk on behalf of the organisation/department that raised the risk. The business relationship manager interfaced into the IT risk meetings to ensure that those risks were being managed. For example, Ophthalmology own a risk where some of their systems are not supported and backed up – there was an agreed action plan with Ophthalmology to mitigate their risks.
   - The ownership of the risk lies with the area that raised the risk, but if it can only be mitigated by Informatics, Informatics own the actions – not the risk.

TL requested an overview of the regular process of risk chat performed within Informatics. MS noted that on a monthly basis the following process is undertaken:

- Mark Taylor manages risks – he ensures that all the risks on the risk system (Safeguard) are up to date, inputted correctly by the risk actions owner and the actions translated into a piece of work.
- The senior management team meet every third Monday of the month and review each risk to ensure they are up to date, accurate and being managed.
- If risk was with the third-line, the action activities are entered on the work board.

TL noted that the third Monday of each month worked well allowing for ample time for well-prepared information to be presented to the RMC. MS noted that he would attend the next RMC meeting along with Mark Taylor.

KD noted that in terms of a risk statement, risk scoring and the mitigation actions, there appeared to have been progress made since the last RMC meeting.

RS queried if Informatics could maintain two-person coverage in regard to staff leave. MS advised there were people that were not allowed to have leave at the same time.

Action: MS to circulate paper DMPA (10/19) 005 to the Committee and for members to return questions/comments to MS to ensure confidence at the Trust Board.

8. Cloud/outsourcing v2	DMPA (10/19) 006

TL noted to reserve the decision until Mr M Hoare was able to provide his input.

MS provided an overview of the services recommendations:

- Retain (run internally)

   o Help desk – had the local knowledge/experience in place

   o Support – to support hardware on site

   o Procurement and Contract Management

   o Business Relationship Management

   o Application support – some support was provided by the software supplier and some by the inhouse IT team. To retain within trust as they need a knowledgeable middle-man. Many applications had been amended to the Trust's needs. TL noted that it would be helpful to identify the individuals that would be charged with that responsibility. The Trust pay companies a lot of money to support basic applications. He suggested if they were going to make a case for application support inhouse, they should prepare a strategy of what applications they could support and relate that to money saved.

- Outsource (to specialists)

   o Telephonists – receiving calls 24/7
   o Database management
   o Project management – to deliver major projects
   o Server hosting, cloud and data centre management – people managing the services on the Trust's behalf.
   o Unified communications – managing internal telephones, ensuring the ability for teleconferencing.

- Consider

   o Application development – creating new applications (tweaks) must document it properly.

   o Internal network management – to have one supplier for internal and external management for new things. There were many companies that offer that, need to get the contract right to avoid charges for every little change. TL requested an assessment of the inhouse service compared to an external supplier over a period of 14 months.

   o External network management – as above.

   o Cyber security – would always be a risk to the Trust with continuous changes in the field. TL questioned the reasons why the Trust would not engage a specialist in the field to manage the cyber security. MS noted that it was a question of the cost of mitigating the risk. MP suggested that he approach NHS Digital to identify who was purchasing off their frameworks. TL noted that they could invite the Black Country to help pay for the engagement of an external company as they would have the same needs.

TL noted that he and MS would need to take away and consider the reduction in MS's budget to cover the outsourced services. The risk was that they identify things that MS would not have the funding for, i.e. database outsourcing would need to recover inhouse costs to be a viable business case.

MP suggested that it would be helpful to see the pros and cons of each of the recommendations.

Action: MS to prepare a strategy of what applications could be supported inhouse correlated to the money saved on external company support of those applications.

Action: MS to prepare an assessment of inhouse service of internal and external network management compared to an external supplier over a period of 14 months.

Action: Approach NHS Digital to identify who was purchasing off their frameworks in regard to cyber security.

Action: TL and MS to consider the reduction in MS's budget to cover outsourced services.

Action: MS to provide the pros and cons of each of the recommendations as described in paper DMPA (10/19) 006.

9. **Cyber Plan and audit**	**DMPA (10/19) 007**

MS noted that the Paper included a risks, issues, mitigation and resolution table to track all of the actions and progress from the three Audits. He advised that from all the audit actions:

- 42% had been completed to date
- 33 risks/issues still required action

Since the last time the Paper had been presented:

- 4 risks/issues had been completed
- 3 risks/issues remained at 0%
- 10 risks/issues had made progress

There was a lack of documentation in many areas and there was now an ongoing documentation process (locating documents and compiling a common store of documentation).

The Committee reviewed the table *Risks, Issues, Mitigation and Resolution*. MS noted that a number of risks/issues were completed with others ongoing.

MP suggested to retest in March/April 2020. The Committee agreed.

It was questioned why disaster recovery (1.7) had been missed as it was addressed annually by the Board. It was noted that disaster recovery was retested as part of the preparation for Unity. TL queried what would be done differently at the Business Continuity meeting in 2020 to ensure nothing was missed. RB noted that there had been IT leadership turnover during the year and the processes had been lost – that was now stable.

Test environments were discussed and MS noted that test environments would be available in March for key systems.

10. **Unity analysis of deployment**	**DMPA (10/19) 008**

The Committee addressed papers DMPA (10/19) 008 and DMPA (10/19) 009 together.

TL noted the following:

- They were in the desired position.

- There were still some transitions to accomplish and people between live systems rather than working of dying systems.

- Printer issues due to the location of printer.

- Had migrated to the AMS service (Cerner's back office) and was going well.

- There were data and data quality issues.

- External reporting of 'business as usual' was available.

- Fail – dad gone to Go Live on the premise that they would be operating with cutover reports and optimisation reports by now and are not – optimistic that by next Friday they would be.

- In comparison to other organisation Cerner Go Lives, they were not the worst. Next month they would be in the position to have clearer data.

- They were doing celebrations and learning events.

- There were several big projects, Phase X, that they would need to accomplish over the next 6-12 months. Including; patient portal, theatres and waiting times of Unity (Surgeon Net) and deferred projects pre-Go Live. Working out the manpower resources before establishing timelines.

MP noted that Mr M Hoare had sent questions via email:

- Were the staff using the system correctly? TL noted that the majority of staff were not, but they were in the optimisation stage and wouldn't comment until the data was received in a couple of weeks.

- Income and patient flow – as the production plan was slowed, when would they get back on track on time. TL advised that they had returned to volume. RB noted that they had only slowed outpatients for two weeks and returned to normal activity on week 3 with additional support. Income issues were about user error – not system configuration.

An update on the conversations with the CCG was requested. TL noted that data quality and income were resolved which introduced a new variable – had a clause in the contract, 21 September to 21 November 2019. A view would need to be taken at the end of November if it was a material risk.

11. Optimisation: next steps	DMPA (10/19) 009

RB noted that by the end of November the optimisation position would be:

- Each group has an optimisation plan which complements hot spot KPIs – how would they bottom up manage. Come up with some hot spot areas; DQ reporting, outpatient flow and patient flow with Capman. The operational leadership meeting would meet five times before Christmas to ensure it was a task force finish point where they had resolved optimisation issues.

- Groups now had an optimisation plan and would be supported by business relationship managers to manage their plans through the local digital board.

- Mobilising the super users to be a lifetime role – groups to concentrate on that.

TL noted that there was a need to communicate to users of how to get their changes through the process and how to communicate whether their requested change had been accepted or not. He was working on that matter for inclusion in the October Heartbeat.

RB advised that in regard to team optimisation that KPIs had been presented at individual role levels; nurse, porter, pharmacist, doctor. Team-based competencies would be similar to the Mandatory Training 100 Club; 85% of the team need to have achieved their optimisation KPIs and that would earn a ticket to the change system.

RB noted that the Quality and Safety Committee had reflected that the optimisation KPIs were light for ED and would make KPI suggestions for ED.

12. Meeting effectiveness / matters to raise to Trust Board	Verbal

It was noted that there were some key points to raise to the Trust Board. They were not announced.

13. Any other business	Verbal

No other business.

Details of Next Meeting

The next meeting will be held on Friday 29 November 2019, 13:00 - 14:30 in Room 13, Education Centre, Sandwell General Hospital.

Signed   …………………………………………………………………………………….

Print   …………………………………………………………………………………….

Date   …………………………………………………………………………………